

# Wage and Contributions Adjustment Sheet Instructions



Please Read Carefully Before Filling Out This Sheet:

1. This is an online form.
2. Type in all of the appropriate information in the fields provided.
3. Use the "TAB" key to navigate from field to field.
4. All of the calculations will be automatically tabulated.
5. TO CLEAR the entire adjustment sheet press the "RESET" button.
6. If you have any wage adjustments for employees with pre-tax voluntary contributions, DO NOT use this form. Instead, please call PERF at 317.233.4118 or 317.233.4121, and we would be happy to personally take care of these adjustments.

## STEPS FOR COMPLETING THE ONLINE FORM

1. **Employer Name-** Enter the complete name of the employer (*Do not use initials*).
2. **Account Number-** Enter the account number of the employer.
3. **Quarter End Date-** Enter the date in which the quarter will end (*example: mm/dd/yyyy*).
4. **Pre-Rate / Post Rate-** Enter the employees' pre rate and/or post rate (*example: 0.03*).
5. **Rate-** Enter the applicable employer's rate for the reporting quarter (*example: 0.03*).
6. **Employee Name-** Enter the first name, middle initial and last name.
7. **Social Security Number-** Enter all nine digits of the employee's Social Security Number (*do not use dashes*) (*example: 123456789*).
8. **Original Wages-** Enter the employees' original wage.
9. **Corrected Wage-** Enter the employees' corrected wage.
10. **Wage Difference-** This difference is automatically calculated once the original wage amount and the corrected wage amounts are entered.
11. **Employee Contribution Adjustment-** Choose the "pre rate" and/or "post rate" for the individual employee by checking the corresponding box(es) (*This will allow for proper calculations*).
12. **Employer Contribution Adjustment-** Make sure the corresponding box is checked if an employer contribution adjustment is to be made (*this will allow for proper calculations*).
13. **Reason For Adjustment-** Enter the reason for the wage adjustment.

Employer Name City of Indianapolis							
Account Number 1758				Quarter End Date (MM/DD/YYYY) 01/05/2004			
Employee Name	Social Security Number	Original Wages	Corrected Wages	Wage Difference	Employee Contribution Adjustment		Employer Contribution Adjustment
					PRE RATE 3.00%	POST RATE 4.00%	RATE 2.00%
John R. Doe	123-45-6789	\$30,000.00	\$35,000.00	\$5,000.00	<input checked="" type="checkbox"/> \$150.00	<input type="checkbox"/> \$0.00	<input checked="" type="checkbox"/> \$100.00
Susan L. Smith	987-65-4321	\$41,000.00	\$38,500.00	(\$2,500.00)	<input checked="" type="checkbox"/> (\$75.00)	<input checked="" type="checkbox"/> (\$100.00)	<input type="checkbox"/> \$0.00
				* Sub-Totals	\$5,000.00	\$150.00	\$200.00
				Totals	\$7,500.00	\$225.00	\$100.00
Reason for Adjustment							
The reason for adjustment is...							
				Total Employer Contributions \$200.00			
				Total Employee Contributions \$325.00			
				Total Adjustment \$525.00			
I understand that increases in reported wages will require an additional payment including employer and employee contributions, and that decreases in reported wages will result in a credit memo, sent with our next quarterly report, applicable against our next payment.							
Authorized Signature				Date			

Print Form
Save Form
Reset Form
Calculate All
Next Page

*Refer back to numbers 1-13 when completing the remainder of adjustments.*

*Use the “NEXT PAGE” button TO NAVIGATE to the next page.*

*\*The Sub-Total line from the Next Page(s)  
will automatically carry forward  
to the subtotal line on page one.*



**BEFORE CONTINUING...CONSIDER THESE IMPORTANT QUESTIONS**

- A. *Did you verify the Employee’s Social Security Number?*
- B. *Is the form completely filled out?*
- C. *Are the corresponding boxes checked for the Contribution Adjustment Rates?*



*If you answered, “Yes” to all of the questions above...*

*Use the “CALCULATE ALL” button TO CALCULATE the entire adjustment sheet.*

*Use the “PRINT FORM” button TO PRINT the entire adjustment sheet.*

*Use the “SAVE FORM” button TO SAVE the entire adjustment sheet.*

- 14. **Authorized Signature-** *After printing*, Read the agreement concerning wage adjustments and acknowledge by writing your signature.
- 15. **Date-** Enter the date (mm/dd/yyyy).

**The Employer should return the entire package, (including the payment and summary sheet), to:**

**HARRISON BUILDING  
143 West Market Street  
Indianapolis, IN 46204**

**If you have any other questions, please contact PERF at the following:**

*Indianapolis and vicinity (317) 233-4162  
Toll-Free Number 1-(888)-526-1687  
TDD (hearing impaired) (317)-233-4160  
PERF on the Internet: [www.state.in.us/perf](http://www.state.in.us/perf)*